

Effective July 1, 2007, the Delaware Board of Pharmacy, in accordance with § 2508 (d), requires a criminal background check on all applicants for licensure.

**Instructions for Requesting a Criminal Background Check**  
***Both state and federal criminal background checks are required of all applicants.***

- Instate Applicants - Call **1 (800) 464-HELP (4357)** to schedule an appointment if using New Castle or Sussex Counties locations. No appointments are needed at the Kent County location.
- Out-of-state Applicants – You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card. Send your *Authorization for Release of Information* form and fingerprint card to the Kent County – Primary Facility below.
- One location in each county:

**Kent County – Primary Facility**

Delaware State Police Headquarters  
1407 North DuPont Hwy – PO Box 430  
Dover, DE 19903-0430

***Walk-ins accepted***

Customer Service: 302-739-2134

**Kent County Hours of Operation**

Monday: 9am – 7 pm

Tuesday – Friday: 9am – 3pm

**New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, De 19702  
(Between Rts. 72 and 896 on Rt. 40)

***By appointment only***

Scheduling: 302-739-2528 (local)

1-800-464-4357 (toll free)

**Sussex County – Satellite Facility**

Delaware State Police Troop Four  
South DuPont Hwy & Shortley Rd.  
Georgetown  
(Across from DelDOT & the State Service Ctr.)

***By appointment only***

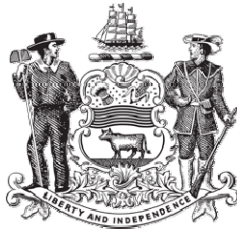
Scheduling: 302-739-2528

1-800-464-4357 (toll free)

**IMPORTANT:** Take the completed AUTHORIZATION FOR RELEASE OF INFORMATION form to one of the offices listed above with the correct payment of \$69.00 to cover both the State and Federal criminal checks. Prices are subject to change, so contact the agency where you plan to submit your forms for current fees. Cash, money orders and credit cards other than American Express are accepted. *Personal checks are not accepted.*

⇒ ***Allow four weeks for receipt of results.***

**DO NOT SEND THE FORM OR FEE TO THE BOARD OF PHARMACY OFFICE.**



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

**DELAWARE BOARD OF PHARMACY**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CRIMINAL HISTORY RECORD CHECK  
USE FOR APPLICANT PURPOSES**

(PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK)

REASON FOR REQUEST: Delaware Board of Pharmacy - License Application

LAST NAME FIRST NAME MI SUFFIX

ALL OTHER NAMES USED IN THE PAST:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:**

THE ADDRESS I HAVE DESIGNATED BELOW:

Name/Company: Delaware Board of Pharmacy

Address: 861 Silver Lake Boulevard, Suite 203

City/State: Dover, DE 19904

ATTN: Judy Letterman

**AUTHORIZATION TO RELEASE INFORMATION:**

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Telephone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**